MICHIGAN DEPARTMENT OF EDUCATION
SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to VrettasA@michigan.gov.

CHECK THE APPROPRIATE BOX:

☐ For Profit Company   ☐ Local School District   ☐ Community-Based Organization
☐ Non-Profit Organization   ☐ Public School Academy   ☐ Private School
☐ Institution of Higher Education   ☐ Intermediate School District   **X** Faith-Based Organization

Section 1: Provider Identification

Name of Entity Unity Churches International Fellowship

Name of Director Ronald A. Johnson II

Address 12 S. Paddock   **City** Pontiac   **State** MI   **Zip** 48342

Phone 248 895-8527   **Fax** 248 332-0375   **Email** bishoprajohnsonii@netzero.net

Proposed Location of Services (if different from above):

Address _____ **City**_____ **State**_____ **Zip**_____

If different from Director:
Name of Contact Person_____

Address _____ **City**_____ **State**_____ **Zip**_____

Phone _____ **Fax** _____ **Email**_____

Section 2: Provider Geographic Service Area Information

1. Our organization can provide services to:

All local school districts/PSAs in Michigan: Yes ☐   No **X**

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

Pontiac Schools (K-9), Pontiac Public Schools Academy (K-6), also other Macomb

County, Oakland County, and Wayne County Schools.

2. Proposed Location of Services – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: Oakland County Schools

Site Location #2: Macomb County Schools

Site Location #3: Wayne County Schools

3. Transportation – Provide information about accessibility to public transportation from your site:

Transportation Not Provided.

_____

4. Indicate if you are willing to provide services to eligible students at the school site:

Yes **X** No ☐

Section 3: Provider Academic/Instructional Program Information

1. Subject Areas Covered – List all subject areas you address in working with students:

Reading and Math

_____

2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: 1st through 8th

3. Time of Services – Indicate when you deliver services to students:

☐ Before School   **X** After School   ☐ Weekends   ☐ Summer   ☐ Other _____

4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students:

X Individual Tutoring   **X** Small Group Instruction   ☐ Large Group Instruction

☐ Online Web-Based   ☐ Other _____

5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week:

Length of Session 2 hours_____   Number of Sessions per Week Four_____

6. Staffing – Indicate the type(s) of staff that provide instruction to students:

X Certified Teachers   **X** Paraprofessionals   **X** Volunteers   ☐ Other   _____

7. Special Populations Served – Indicate special populations you are able to serve:

☐ Special Education   **X** Limited English Proficient   ☐ Other   _____

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

☐ $35.00 per hour (unit of time, e.g., hour, week, etc.) per student.

☐ $_____ (flat fee) for _____   (unit of time, e.g., month, semester, year) per student.